

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Platte River Insurance Co.
c/o CT Corporation System, S.A.
1300 East Ninth Street
Suite 1010
Cleveland, OH 44114

Case No. 1:12-cv-922 Rule 4.2

2. Article Number:

(Transfer from service label)

7010 3090 0001 5409 0186

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

James Wright

Agent

CT Corporation System

Addresssee

B. Received by (Printed Name)

1300 East 9th Street

Date of Delivery

D. Is delivery address different from item 1?

Yes

If YES, enter delivery address below:

No

3. Service Type

☒ Certified Mail

☐ Express Mail

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes